

Engaging Front-Line Staff: How a Long-Term Care Home Is Using Evidence to Build a Quality Improvement Culture

Mobilisation du personnel de première ligne : Un établissement de soins de longue durée utilise des données probantes afin de créer une culture axée sur l'amélioration de la qualité

by CANADIAN HEALTH SERVICES RESEARCH FOUNDATION

Abstract

St. Peter's Residence at Chedoke in Hamilton, Ontario, a 210-bed long-term care facility, is building the capacity of front-line employees to become engaged in quality improvement. With training and tools, teams made up of front-line and other staff are becoming engaged in creating a quality improvement culture. This innovative initiative was recently featured in *Promising Practices in Research Use*, a series produced by the Canadian Health Services Research Foundation highlighting organizations that have invested their time, energy and resources to improve their ability to use research in the delivery of health services. Tell the Foundation your own stories and visit the *Promising Practices* inventory at http://www.chsrf.ca/promising/index_e.php.

Résumé

La résidence St. Peter de Chedoke, à Hamilton, Ontario, un centre de soins de longue durée de 210 lits, vise la mobilisation des employés de première ligne afin d'améliorer la qualité des soins. La formation et des outils de perfectionnement permettent à des équipes formées d'employés de première ligne et d'autres membres du personnel de se mobiliser afin de créer une culture axée sur l'amélioration de la qualité. Cette initiative novatrice a fait l'objet d'un article dans *Pratiques prometteuses dans l'utilisation de la recherche*, une série mensuelle produite par la Fondation canadienne de la recherche sur les services de santé, qui présente des organismes ayant investi temps, argent et ressources afin d'améliorer leurs capacités à utiliser la recherche dans la prestation des services de santé. Vous pouvez nous suggérer des idées d'article et consulter la liste des numéros de *Pratiques prometteuses dans l'utilisation de la recherche* au http://www.chsrf.ca/pratiques/index_f.php.

F RONT-LINE STAFF MEMBERS IN HEALTHCARE ORGANIZATIONS WHO PROVIDE direct care and services are vital resources to improve quality of care. These resources are being tapped at St. Peter's Residence at Chedoke in Hamilton, Ontario, a 210-bed long-term care facility where an initiative supported by the Canadian Health Services Research Foundation is building the capacity of front-line employees to become engaged in quality improvement.

St. Peter's has been shifting from its high-growth start-up mode to a phase of sustained quality improvement in resident care and services. As part of this transition, a group of employees – mostly front-line staff – are being equipped with quality improvement tools they can apply in their everyday work.

"Quality improvement is usually approached on a project-by-project basis," explains John Ruetz, former vice-president of long-term care at St. Peter's and a fellow in the Foundation's Executive Training for Research Application (EXTRA) program. "The residence is doing it differently. The goal is to establish a quality improvement mindset among front-line employees so that they approach all their work – not just a particular project – through a quality improvement lens. We believe that ultimately this will result in not only ongoing improvement in quality of care, but also increased staff engagement and satisfaction."

The capacity-building initiative began with a review of the evidence on quality improvement and cultural change. Several studies in long-term care settings identified education and staff empowerment as factors in the process of quality improvement, as well as in the actual quality of life for residents. The literature review also emphasized the importance of facilitation in successful quality improvement and cultural change.

Around that time, Charles H. Goldsmith, emeritus professor of clinical epidemiology and biostatistics at McMaster University, approached the organization with an offer to facilitate its quality improvement work. "This was serendipitous," says Mr. Ruetz, who is now with Bridgepoint Health in Toronto. "Dr. Goldsmith is not only an expert in the field, he also epitomizes the personal characteristics of drive, enthusiasm and credibility that a good facilitator needs."

An existing team (set up to pursue accreditation through the Canadian Council on Health Services Accreditation) made up of 10 clinical, housekeeping, food services and management staff became the quality team. With the guidance of Dr. Goldsmith, the team began learning about group processes and healthcare quality improvement.

The training used concepts developed by Dr. Goldsmith for a graduate-level course in health quality improvement. "Given the high proportion of unregulated caregivers in long-term care settings, most team members do not have university educations," says Mr. Ruetz, "yet they have absorbed and used graduate school learning and tools. This is a real confidence booster."

The quality team undertook 16 training sessions and applied newly acquired knowledge and tools to a pilot project on patient lifts and transfers. Two surveys were subsequently conducted to measure the team's progress towards its primary short-term goal of increased awareness and knowledge of quality improvement and change management initiatives. The surveys found that participants generally had good recall of the quality improvement tools they had learned about and used. Participants also felt the team members had good dynamics and worked well together, and that they understood the importance of their work and its potential to improve resident care. The surveys also revealed some areas for further work, such as additional learning on the change process, priority consultation and selection, and the use of data once collected.

Mr. Ruetz is pleased with the survey results and also with the fact that two new members have joined the quality team, allowing it to split in two. "The short-term goal of increased interest and engagement has been achieved," he says. "The next goal is participation in specific quality improvement projects, and this is starting to happen. I'm confident that employees are increasingly able to engage in quality improvement, and at the same time, that a quality improvement culture is emerging at the residence."

For more information about this promising practice, contact Karen Pow at kpow@stpetes.ca.